

MATTHEW A. CRIST, PLLC
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February 8, 2022

VIA FACSIMILE

Fax: 301-677-9758

Fax: 301-677-9785

Office of the Staff Judge Advocate

ATTN: Claims Division

4217 Morrison St., Suite 5030

Ft. Meade, MD 20755

WELLS v. UNITED STATES OF AMERICA

Federal Tort Claims Act (FTCA), 28 U.S.C. 1346(b), 2671-2680 (2010)

Military Claims Act

Dear sir or miss:

My name is Matthew Crist and I represent Mr. Curtis Levar Wells, Jr. Please direct all future communications regarding this matter to my attention.

The enclosed notice is my client's presentation of his claim under the Federal Tort Claims Act or the Military Claims Act, without limitations, for the damages he has suffered due to, in substantial part, employees or agents of the United States of America; notably, Mr. Michael P. Armstrong and Mr. Keith Shepherd who were employed by the Department of the Army.

Mr. Michael Armstrong was, at the time of the events described in the attached claim and complaint, a civilian police officer with the Department of the Army at Fort Myer, and Mr. Shepherd was, at the time of the events described in the attached claim and complaint, a detective assigned to the Department of the Army at Joint Base Myer-Henderson Hall.

Attached please find my client's signed SF-95 relating to his claims for harms caused by the actions of Mr. Armstrong and, separately, his claims for harms caused by the actions of Mr. Shepherd.

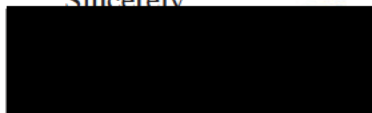
Mr. Armstrong and Mr. Shepherd's conduct that caused harm to my client is more particularly stated in the draft complaint attached to this claim, attached hereto solely for the purpose of articulating the facts that provide the basis for my client's damages.

In sum, my client suffered numerous harms including the unlawful searches and seizures of his person and property on February 9, 2020, by Mr. Armstrong who left his post at Ft. Myer to detain my client, off base. After February 9, 2020, the Arlington County Police Department further investigated my client based upon the personal effects taken from my client; during that

further investigation, Mr. Shepherd unlawfully worked in concert of action or aided and abetted the Arlington County Police Department to violate my client's rights that resulted in his false arrest, malicious prosecution, false imprisonment, and other harms described in the draft complaint.

Please do not hesitate to call or email me at the above-stated information to discuss this matter further.

Sincerely



Matthew Crist

cc: Client
File

FT. MYER via United States Postal Service to:
Office of the Staff Judge Advocate ATTN: Claims
202 Custer Road Suite 1
Ft. Myer, VA 22211

FT. MYER office of the Staff Judge Advocate via FAX: 703-696-2181

Mr. Brownwell via Christopher.s.brownwell.civ@army.mil

Ms. Catherine Bell via Catherine.a.bell10.civ@army.mil

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: Office of the Staff Judge Advocate ATTN: Claims 202 Custer Road Suite 1 Ft. Myer, VA 22211			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Curtis Levar Wells Jr. [REDACTED]		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS Single	6. DATE AND DAY OF ACCIDENT 02/09/2020	
7. TIME (A.M. OR P.M.) 1700					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Claimant is entitled to compensation under the Federal Tort Claims Act or the Military Claims Act, without limitation. Claim: Michael P. Armstrong, Badge #331, acting pursuant to his DOD/DA employment as a civilian Military Police Officer, injured claimant as follows: Mr. Armstrong left Ft. Myer, detained claimant without authority, searched and seized claimant and claimant's property without a warrant and without any reasonable suspicion and substantially contributed to claimant's unlawful imprisonment, malicious prosecution; the facts related to this claim are stated with more particularity in the attached complaint.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). 					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). 					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Claimant's loss of liberty on February 9, 2020 and also from February 18, 2020 to September 9, 2020 and loss of property rights amount to \$6,134,000.00.					
11. WITNESSES					
NAME			ADDRESS (Number, Street, City, State, and Zip Code)		
Curtis Levar Wells Jr. Javier Fuentes Scott Wanek			5017 Caryn Ct. Alexandria, Va 22312 APT 201 Broward, Florida 1425 North Courthouse Road, Arlington VA 22201		
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY 6,134,000		12c. WRONGFUL DEATH	
12d. TOTAL (Failure to specify may cause forfeiture of your rights). 6,134,000					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side). [REDACTED]				13b. PHONE NUMBER OF PERSON SIGNING FORM [REDACTED]	
14. DATE OF SIGNATURE 02/08/2022					
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

n/a

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No 17. If deductible, state amount.

n/a

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

n/a

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

n/a

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
 C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
 D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

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8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). Claimant is entitled to compensation under the Federal Tort Claims Act or the Military Claims Act, without limitation. Claim: Detective Keith Shepherd, acting pursuant to his DOD/DA employment as a police detective, injured claimant as follows: substantially contributing to claimant's unlawful imprisonment, false arrest, malicious prosecution when he was investigated and arrested by Arlington County Police Department from Feb 18, 2020 to Sep 9, 2020; Mr. Shepherd worked in concert with Arlington County Police Department officers to injure claimant as stated in more particularity in the attached complaint.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). [REDACTED]					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). [REDACTED]					
10. PERSONAL INJURY/WRONGFUL DEATH					
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